

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEW REPUBLICAN PAC

ADDRESS (number and street)

204 S. MONROE ST.STE 201-A

Check if different
than previously
reported. (ACC)

TALLAHASSEE

FL

32301

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00544544

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y
11 06 2018in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 01 2018

through

M M / D D / Y Y Y Y Y Y
10 17 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

DOZIER, JULIE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DOZIER, JULIE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 25 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
10		17		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2018</td></tr></table>	Y	Y	Y	Y	Y	2018						<table><tr><td colspan="5">899966.98</td></tr></table>	899966.98				
Y	Y	Y	Y	Y													
2018																	
899966.98																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">4070429.33</td></tr></table>	4070429.33															
4070429.33																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">1895425.00</td></tr></table>	1895425.00					<table><tr><td colspan="5">18590462.58</td></tr></table>	18590462.58									
1895425.00																	
18590462.58																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">5965854.33</td></tr></table>	5965854.33					<table><tr><td colspan="5">19490429.56</td></tr></table>	19490429.56									
5965854.33																	
19490429.56																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">4853256.31</td></tr></table>	4853256.31					<table><tr><td colspan="5">18377831.54</td></tr></table>	18377831.54									
4853256.31																	
18377831.54																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">1112598.02</td></tr></table>	1112598.02					<table><tr><td colspan="5">1112598.02</td></tr></table>	1112598.02									
1112598.02																	
1112598.02																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">191752.42</td></tr></table>	191752.42															
191752.42																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2018

To:

M M	/	D D	/	Y Y Y Y Y Y
10		17		2018

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1635300.00

17899249.33

(ii) Unitemized

125.00

50213.25

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1635425.00

17949462.58

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

250000.00

303500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1885425.00

18252962.58

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

10000.00

337500.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

1895425.00

18590462.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1895425.00

18590462.58

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	- 2650688.50	1414116.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 2650688.50	1414116.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	7453944.81	16863714.67
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50000.00	100000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50000.00	100000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4853256.31	18377831.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4853256.31	18377831.54

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1885425.00	18252962.58
34. Total Contribution Refunds (from Line 28(d))	50000.00	100000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1835425.00	18152962.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	- 2650688.50	1414116.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 2650688.50	1414116.87

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEIR, MITCH, , ,

Mailing Address 120 EAST END AVE, 9B

City
NEW YORK

State
NY

Zip Code
10028-7552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAVILLS STUDLEY

Occupation (for Individual)
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2018

Transaction ID : SA11A.2554

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ENGLISH, SUSAN, , ,

Mailing Address POB 622

City
CITRA

State
FL

Zip Code
32113-0622

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BASELINE AUTO SALES, INC.

Occupation (for Individual)
COMPTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2018

Transaction ID : SA11A.2555

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALLAS, LAURENCE, , ,

Mailing Address 1350 WAKESHIRE TERRACE

City
BALLWIN

State
MO

Zip Code
63011-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2018

Transaction ID : SA11A.2557

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOSS, ROBERT, CHADWICK, ,

Mailing Address 1736 SE 13TH STREET

City

FT. LAUDERDALE

State

FL

Zip Code

33311-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MOSS CONSTRUCTION

Occupation (for Individual)

CONSTRUCTION MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2018

Transaction ID : SA11A.2558

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RLR INVESTMENTS LLC

Mailing Address 600 GILLIAM RD

City

WILMINGTON

State

OH

Zip Code

45177-9089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2018

Transaction ID : SA11A.2569

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GALVIN, CHRIS, , ,

Mailing Address 444 W LAKE ST

SUITE 2100

City

CHICAGO

State

IL

Zip Code

60606-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HARRISON STREET CAPITAL

Occupation (for Individual)

CHAIRMAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2018

Transaction ID : SA11A.2570

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 OF 44
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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERFFY, THOMAS, , ,

Mailing Address 1255 S OCEAN BLVD

City
PALM BEACH

State
FL

Zip Code
33480-5008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERACTIVE BROKERS GROUP

Occupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2018

Transaction ID : SA11A.2571

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRAMER, WILLIAM, , ,

Mailing Address 2251 W. 23RD STREET

City
PANAMA CITY

State
FL

Zip Code
32405-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BILL CRAMER CHEV CADILLAC BUICK GMC

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2018

Transaction ID : SA11A.2574

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOLEY, WILLIAM, P., , II

Mailing Address 1701 VILLAGE CENTER CIRCLE

City
LAS VEGAS

State
NV

Zip Code
89134-6368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIDELITY NATIONAL FINANCIAL

Occupation (for Individual)
CHAIRMAN/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2018

Transaction ID : SA11A.2573

Amount of Each Receipt this Period

206100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

316100.00

X	11a		11b		11c		12		
	13		14		15		16		17

NEW REPUBLICAN PAC

[illegible]

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHULTE, FRED, C., ,

Mailing Address 490 PALM CIR W

City
NAPLES

State
FL

Zip Code
34102-5561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2018

Transaction ID : SA11A.2581

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWARZ, JOHN, , ,

Mailing Address 42 MONAHAN RD

City
ZIONSVILLE

State
IN

Zip Code
46077-8377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2018

Transaction ID : SA11A.2606

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FORT BROOKE MERCHANT PARTNERS

Mailing Address 4320 WEST KENNEDY BOULEVARD

City
TAMPA

State
FL

Zip Code
33609-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2018

Transaction ID : SA11A.2583

Amount of Each Receipt this Period

15000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BECKWITH, GEORGE, NICHOLAS, , III

Mailing Address 194 WONDERWOOD LANE

City
LAUGHLINTOWN

State
PA

Zip Code
15655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCH STREET MANAGEMENT, LLC

Occupation (for Individual)
CHAIRMAN/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2579

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASSIDY, ALBERT, , ,

Mailing Address 1901 ELOISE LOOP RD

City
WINTER HAVEN

State
FL

Zip Code
33884-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE CASSIDY ORGANIZATION, INC.

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2584

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASSIDY, STEVEN, L., ,

Mailing Address 4103 SHOAL GREEN CT.

City
WINTER HAVEN

State
FL

Zip Code
33884-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2585

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CODINA, ARMANDO, , ,

Mailing Address 2020 SALZEDO ST.
5TH FLOOR

City
CORAL GABLES

State
FL

Zip Code
33134-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CODINA PARTNERS

Occupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2586

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEVOS, DAN, , ,

Mailing Address 126 OTTAWA AVE NW
SUITE 500

City
GRAND RAPIDS

State
MI

Zip Code
49503-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RDV CORPORATION

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2592

Amount of Each Receipt this Period

33000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEVOS, DOUG, L., ,

Mailing Address 126 OTTAWA AVE, NW

City
GRAND RAPIDS

State
MI

Zip Code
49503-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RDV CORPORATION

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2591

Amount of Each Receipt this Period

33000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

91000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEVOS, SUZANNE, , ,

Mailing Address 126 OTTAWA AVENUE NW
STE 500

City
GRAND RAPIDS

State
MI

Zip Code
49503-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RDV CORPORATION

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2589

Amount of Each Receipt this Period

33000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEAVENER, JAMES, W., ,

Mailing Address 731 PINE TREE RD

City
WINTER PARK

State
FL

Zip Code
32789-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FULL SAIL UNIVERSITY

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2580

Amount of Each Receipt this Period

5400.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MASON, PETER, I., ,

Mailing Address 311 S. WACKER DRIVE
STE 3000

City
CHICAGO

State
IL

Zip Code
60606-6683

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREEBORN & PETERS LLP

Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2578

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'MALLEY, THOMAS, D., ,

Mailing Address 101 EL BRAVIO WAY

City
PALM BEACH

State
FL

Zip Code
33480-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2577

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COMPREHENSIVE CARE GROUP, INC

Mailing Address 8600 NW 41 ST

City
DORAL

State
FL

Zip Code
33166-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2587

Amount of Each Receipt this Period

125000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MULTI-SPECIALTY PHYSICIANS GROUP, LLC

Mailing Address 8600 NW 41 STREET

City
DORAL

State
FL

Zip Code
33166-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2588

Amount of Each Receipt this Period

125000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THE ELTON M. HYDER CORPORATION

Mailing Address P.O. BOX 471905

City
FORT WORTH

State
TX

Zip Code
76147-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2018

Transaction ID : SA11A.2576

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHERA, STANLEY, , ,

Mailing Address 667 MADISON AVE FL 12

City
NEW YORK

State
NY

Zip Code
10065-8029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CROWN ACQUISITIONS

Occupation (for Individual)
REAL ESTATE INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2018

Transaction ID : SA11A.2593

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EHLERS, HERBERT, , ,

Mailing Address 1272 OSPREY TRL

City
NAPLES

State
FL

Zip Code
34105-2774

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2018

Transaction ID : SA11A.2598

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

52000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITHBURG, WILLIAM, D., ,

Mailing Address 132 E. DELAWARE PL.
APT. 6001

City
CHICAGO

State
IL

Zip Code
60611-4953

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2018

Transaction ID : SA11A.2594

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACNEILL GROUP, INC.

Mailing Address 1300 SAWGRASS CORPORATE PARKWAY
SUITE 300

City
SUNRISE

State
FL

Zip Code
33323-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2018

Transaction ID : SA11A.2595

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ST. JAMES INSURANCE GROUP

Mailing Address WESTWOOD CENTER THREE
6675 WESTWOOD BLVD., SUITE 360

City
ORLANDO

State
FL

Zip Code
32821-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2018

Transaction ID : SA11A.2597

Amount of Each Receipt this Period

12500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

27500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ST. JOHNS INSURANCE COMPANY, INC.

Mailing Address WESTWOOD CENTER THREE

6675 WESTWOOD BLVD., SUITE 360

City

ORLANDO

State

FL

Zip Code

32821-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2018

Transaction ID : SA11A.2596

Amount of Each Receipt this Period

12500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEYTON, JOHN, , ,

Mailing Address 9540 SAN JOSE BLVD

City

JACKSONVILLE

State

FL

Zip Code

32257-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GATE PETROLEUM

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2018

Transaction ID : SA11A.2601

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COPART INC.

Mailing Address 4610 W AMERICA DRIVE

City

FAIRFIELD

State

CA

Zip Code

94534-4186

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2018

Transaction ID : SA11A.2600

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

117500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THE CONSERVATIVE

Mailing Address 9485 NW 23RD PLACE

City
GAINESVILLE

State
FL

Zip Code
32606-9218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2018

Transaction ID : SA11A.2599

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUKK, TOOMAS J, ,

Mailing Address 3660 GIN LN

City
NAPLES

State
FL

Zip Code
34102-7816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2018

Transaction ID : SA11A.2604

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWHOUSE, STEPHAN, F., ,

Mailing Address 600 COCONUT PALM RD

City
VERO BEACH

State
FL

Zip Code
32963-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2018

Transaction ID : SA11A.2603

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERITAGE INSURANCE HOLDINGS, LLC

Mailing Address 2600 MCCORMICK DR.
SUITE 300

City
CLEARWATER

State
FL

Zip Code
33759-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2018

Transaction ID : SA11A.2602

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TEM LLC

Mailing Address 6321 DANIELS PARKWAY
SUITE 200

City

FORT MYERS

State
FL

Zip Code
33912-4773

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2018

Transaction ID : SA11A.2607

Amount of Each Receipt this Period

60000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VECELLIO GROUP, INC.

Mailing Address P.O. BOX 15065

City

WEST PALM BEACH

State
FL

Zip Code
33416-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2018

Transaction ID : SA11A.2605

Amount of Each Receipt this Period

70000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHOUEST, GARY, , ,

Mailing Address P.O. BOX 310

City
GALLIANO

State
LA

Zip Code
70354-0310

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GALLIANO MARINE SERVICE

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.2612

Amount of Each Receipt this Period

15000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODNIGHT, JAMES, H., ,

Mailing Address 900 APPLETREE LANE

City
CARY

State
NC

Zip Code
27513-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAS INSTITUTE

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.2610

Amount of Each Receipt this Period

20000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERRIG, STEVEN, F., MR.,

Mailing Address 6280 RIVERVIEW BLVD

City
BRADENTON

State
FL

Zip Code
34209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNZ INSURANCE COMPANY

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.2611

Amount of Each Receipt this Period

11000.00

☐ Memo Item
CONTRIBUTION

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46000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HORNSTEIN, STEVEN, , ,

Mailing Address 36 WESTWOOD LANE

City
WOODBURY

State
NY

Zip Code
11797-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLOBAL CREDIT ADVISERS, LLC

Occupation (for Individual)
CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.2616

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOPDRUP, KIM, A., ,

Mailing Address 1900 GIPSON GREEN LN

City
WINTER PARK

State
FL

Zip Code
32789-1481

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RED LOBSTER

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.2614

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEPHENSON, JAMES, E., ,

Mailing Address P.O. BOX 43326

City
ATLANTA

State
GA

Zip Code
30336-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YANCEY BROS. CO.

Occupation (for Individual)
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.2613

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRUITTHEALTH

Mailing Address 1626 JEURGENS COURT

City
NORCROSS

State
GA

Zip Code
30093-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28785.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.2617

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRUITTHEALTH

Mailing Address 1626 JEURGENS COURT

City
NORCROSS

State
GA

Zip Code
30093-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28785.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : SA11A.2618

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

13500.00

TOTAL This Period (last page this line number only)..... ►

1635300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 44
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ESAFUND			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 10 / 2018</div> </div>	
Mailing Address 610 SOUTH BLVD			Transaction ID : SA11A.2590	
City TAMPA	State FL	Zip Code 33606-2647	Amount of Each Receipt this Period <div> <div>100000.00</div> </div>	
FEC ID number of contributing federal political committee. C C00489856				
Name of Employer (for Individual)		Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>100000.00</div> </div>		

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. OXBOW CORPORATION POLITICAL ACTION COMMITTEE			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 16 / 2018</div> </div>	
Mailing Address 1601 FORUM PL			Transaction ID : SA11C.2609	
City WEST PALM BEACH	State FL	Zip Code 33401-8101	Amount of Each Receipt this Period <div> <div>150000.00</div> </div>	
FEC ID number of contributing federal political committee. C C00436550				
Name of Employer (for Individual)		Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>150000.00</div> </div>		

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period <div> <div></div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual)		Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <div> <div></div> </div>		

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250000.00

250000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 44
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COMMITTEE FOR INNOVATIVE GOVERNMENT

Mailing Address 502 E. 11TH ST.
STE 300

City
AUSTIN

State
TX

Zip Code
78701-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2018

Transaction ID : SA11A.2608

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2018

FEC Identification Number

C**Transaction ID : SB21B.1**

Amount of Each Disbursement this Period

195.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2018

FEC Identification Number

C**Transaction ID : SB21B.2**

Amount of Each Disbursement this Period

19.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

FEC Identification Number

C**Transaction ID : SB21B.3**

Amount of Each Disbursement this Period

21.08

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

236.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

FEC Identification Number

C

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MATSON MEDIA LLCMailing Address 1201 HAMPTON STREET
SUITE 3BCity
COLUMBIAState
SCZip Code
29201Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2018

FEC Identification Number

C

Transaction ID : SB21B.20

Amount of Each Disbursement this Period

- 2685490.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2018

FEC Identification Number

C

Transaction ID : SB21B.4

Amount of Each Disbursement this Period

975.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 2684495.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. CAVALRY STRATEGIES, LLC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		04		2018

Mailing Address 204 S. MONROE ST.
SUITE 201City
TALLAHASSEEState
FLZip Code
32301Purpose of Disbursement
POLITICAL STRATEGY CONSULTING / TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.11

Amount of Each Disbursement this Period

14397.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		04		2018

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHISMAN CREEK LLC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		04		2018

Mailing Address 611 PENNSYLVANIA AVE. SE #489

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19417.84

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. MCLAUGHLIN & ASSOCIATES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2018

Mailing Address 566 S. ROUTE 303

City
BLAUVELTState
NYZip Code
10913Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.18

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2018

Mailing Address 201 N. UNION ST.
SUITE 200City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.19

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2018

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5

Amount of Each Disbursement this Period

429.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10429.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2018

FEC Identification Number

C**Transaction ID : SB21B.6**

Amount of Each Disbursement this Period

1085.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2018

FEC Identification Number

C**Transaction ID : SB21B.7**

Amount of Each Disbursement this Period

975.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2018

FEC Identification Number

C**Transaction ID : SB21B.8**

Amount of Each Disbursement this Period

195.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2256.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

FEC Identification Number

C**Transaction ID : SB21B.9**

Amount of Each Disbursement this Period

39.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2018

FEC Identification Number

C**Transaction ID : SB21B.14**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL RD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2018

FEC Identification Number

C**Transaction ID : SB21B.17**

Amount of Each Disbursement this Period

798.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

857.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C**Transaction ID : SB21B.10**

Amount of Each Disbursement this Period

589.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2018

FEC Identification Number

C**Transaction ID : SB21B.15**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

609.80

- 2650688.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEW REPUBLICAN PAC

Full Name (Last, First, Middle Initial)

A. MCNA HEALTH CARE HOLDINGS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2018

Mailing Address 200 WEST CYPRESS CREEK ROAD
STE 500City
FORT LAUDERDALEState
FLZip Code
33309-2338Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB28.1

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50000.00

50000.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 33 OF 44

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4494

NEW REPUBLICAN PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Castellanos, Alejandro, , ,**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 399 North Quaker Lane

City

Alexandria

State

VA

ZIP Code

22304

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

MM / DD / YY
02 / 03 / 2015

Date Due

MM / DD / YY
12 / 31 / 2015

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20000.00

TOTALS This Period (last page in this line only)..... ►

20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
PRINTING BOOKLETS

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

18012.93

Transaction ID : SD10.4612

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18012.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

3769.58

Transaction ID : SD10.4614

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3769.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

2248.68

Transaction ID : SD10.4621

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2248.68

1) **SUBTOTALS** This Period This Page (optional)..... ►

24031.19

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
BOOKLET PRINTING

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

2117.29

Transaction ID : SD10.4622

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2117.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
PRINTING - ADVERTISING/MARKETING
BOOKLET

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

904.12

Transaction ID : SD10.4641

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

904.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

2640.03

Transaction ID : SD10.4642

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2640.03

1) **SUBTOTALS** This Period This Page (optional)..... ►

5661.44

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 36 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
MARKETING BOOKS

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

1352.72

Transaction ID : SD10.4651

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1352.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

2377.72

Transaction ID : SD10.4650

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2377.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
ADMINISTRATIVE CONSULTING - JANUARY

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

20833.34

Transaction ID : SD10.4679

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20833.34

1) **SUBTOTALS** This Period This Page (optional)..... ►

24563.78

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 37 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLC

Nature of Debt (Purpose):

ADMINISTRATIVE CONSULTING
FEBRUARY

Mailing Address 815 SLATERS LANE

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

20833.34

Transaction ID : SD10.4682

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20833.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLC

Nature of Debt (Purpose):

TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

1667.73

Transaction ID : SD10.4683

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1667.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLC

Nature of Debt (Purpose):

ADMINISTRATIVE CONSULTING MARCH
2016

Mailing Address 815 SLATERS LANE

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

20833.34

Transaction ID : SD10.4693

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20833.34

1) **SUBTOTALS** This Period This Page (optional)..... ►

43334.41

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 38 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

610.66

Transaction ID : SD10.4694

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

610.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
ADMINISTRATIVE CONSULTING APRIL 2016

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

20833.34

Transaction ID : SD10.4695

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20833.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

602.16

Transaction ID : SD10.4696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

602.16

1) **SUBTOTALS** This Period This Page (optional)..... ►

22046.16

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 39 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLC

Nature of Debt (Purpose):

ADMINISTRATIVE CONSULTING - MAY 2016

Mailing Address 815 SLATERS LANE

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

20833.34

Transaction ID : SD10.4717

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20833.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLC

Nature of Debt (Purpose):

TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

341.96

Transaction ID : SD10.4718

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

341.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLC

Nature of Debt (Purpose):

SHIPPING EXPENSES

Mailing Address 815 SLATERS LANE

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

123.76

Transaction ID : SD10.4728

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

123.76

1) **SUBTOTALS** This Period This Page (optional)..... ►

21299.06

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 40 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

2198.24

Transaction ID : SD10.4729

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2198.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
STRATEGIC CONSULTING

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

20833.34

Transaction ID : SD10.4730

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20833.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
SHIPPING AND NEW REPUBLICAN
MERCHANDISE

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

4420.95

Transaction ID : SD10.4752

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4420.95

1) **SUBTOTALS** This Period This Page (optional)..... ►

27452.53

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 41 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
NEW REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
SHIPPING/MARKETING

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

775.15

Transaction ID : SD10.4750

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

775.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
SHIPPING EXPENSE

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

155.00

Transaction ID : SD10.4761

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

155.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NEW REPUBLICAN, LLCNature of Debt (Purpose):
PRINTING

Mailing Address 815 SLATERS LANE

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

2433.70

Transaction ID : SD10.4809

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2433.70

1) **SUBTOTALS** This Period This Page (optional)..... ►

3363.85

2) **TOTALS** This Period (last page this line number only)..... ►

171752.42

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

20000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

191752.42

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 44
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC				FEC IDENTIFICATION NUMBER ▼ C C00544544	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee MATSON MEDIA LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1201 HAMPTON STREET SUITE 3B			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2018		
City COLUMBIA	State SC	Zip Code 29201	Amount 2685490.52		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 	Transaction ID : SE.1 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2018		
Name of Federal Candidate: NELSON, BILL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 16863714.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SRCP MEDIA			<input type="checkbox"/> Memo Item		
Mailing Address 201 N. UNION ST. SUITE 200			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2018		
City ALEXANDRIA	State VA	Zip Code 22314	Amount 34104.00		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Transaction ID : SE.2 Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2018		
Name of Federal Candidate: NELSON, BILL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 16863714.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			2719594.52		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
DOZIER, JULIE, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 25 / 2018	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 44
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544544 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item MATSON MEDIA LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 1201 HAMPTON STREET SUITE 3B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2718656.52</div>		
City COLUMBIA	State SC	Zip Code 29201	Transaction ID : SE.3 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544544 </div>		
Name of Federal Candidate: NELSON, BILL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">16863714.67</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item MATSON MEDIA LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 1201 HAMPTON STREET SUITE 3B			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1997150.77</div>		
City COLUMBIA	State SC	Zip Code 29201	Transaction ID : SE.4 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544544 </div>		
Name of Federal Candidate: NELSON, BILL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">16863714.67</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">4715807.29</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
DOZIER, JULIE, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544544 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee SRCP MEDIA			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 201 N. UNION ST. SUITE 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18543.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure MEDIA PRODUCTION			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: NELSON, BILL, , ,			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">16863714.67</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2018		

Full Name of Payee			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination		
Mailing Address						Amount		
City	State	Zip Code				Date of Disbursement or Obligation		
Purpose of Expenditure			Category/Type					
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	18543.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	7453944.81

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , ,

Signature

[Electronically Filed]

Date

M M

 /

D D

 /

Y Y Y Y Y Y